

TASTE OF CHOCOLATE
APPLICATION FOR PARTICIPATION - 2016

Name and Address of Business/Organization: (please print legibly)	
Name of Business/Organization: _____	
Address: _____	

Point of Contact and Telephone Number:	
Name: _____	
Phone Number: Business () _____	5:00 a.m. number to call in case of weather emergency () _____
Best time to call Business number: _____	
Email address: _____	
Have you participated in a prior Taste of Chocolate Event: _____ yes _____ no	
Will you require electricity: _____ yes _____ no	
Number of Spaces required: (please circle) 1 @ \$75 2 @ \$150 3 @ \$225	
If more spaces become available would you be interested in obtaining another space? If so, how many? _____	
Do you want us to deduct the 2016 fees from your 2015 proceeds? _____ yes _____ no	
Number of Employees working Taste: _____ (Saturday) _____ (Sunday)	
City/County of Fairfax Business License Number: _____	
Type of Products to be sold as a "taste" (include brief description and size of "taste"):	
Where are the products made? _____	
Are the facilities approved by the local Health Department? _____ yes _____ no	
Will you be selling any "whole" products? If so, please describe and provide intended sale price. _____	

Liability Insurance Policy Number: _____	
Carrier: _____	
<p>We have read and understand the rules and regulations of this event and agree to indemnify and hold harmless The Independence Day Celebration Committee (IDCC), its Officers, Directors, Agents, City of Fairfax employees, and volunteers from and against any and all costs (including reasonable attorney fees), losses, damages, liability claims, or causes of action in any way resulting from acts or omissions of the IDCC in connection with or in any way related to the event for which this application is being made. We are enclosing a check, payable to the IDCC for \$75 for each space requested and understand that this payment will be non-refundable after January 1, 2016. Vendors whose proceeds at the 2015 Taste were less than \$1,000 agree to pay the IDCC a minimum taste fee of \$250 and such fee is due by October 31, 2015. The IDCC will reimburse each vendor \$0.75 of each Taste Ticket collected, valued at \$1.00 above the first \$1,000 in sales (25% of \$1,000 is \$250). Vendors participating for the first time in 2016 will be required to include a \$250 deposit that will be refundable upon completion of participation of both February 6 & 7, 2016. First time participant applications will <u>not</u> be processed for inclusion in the 2016 event if deposit is not included when application is received.</p>	
Signed: _____	Printed Name: _____
Dated: _____	Title: _____
Please mail completed application and monies (made payable to IDCC) to:	
TASTE OF CHOCOLATE C/O CHARLIE POTOCK 3525 COUNTRY HILL DRIVE FAIRFAX, VA 22030	
QUESTIONS MAY BE DIRECTED TO BEVERLY MYERS AT (703) 503-1170 OR BEVERLYMYERS@GMAIL.COM	
Table Reservation Policy:	
TWO TABLES PER VENDOR. Vendors will be given the same number of tables as they reserved for 2003. Vendors may request additional space based on availability at the closing date of October 31, 2015. Requests will be processed as soon as possible.	

